

## SUBMIT ENTIRE UNDERWRITING FILE TO: CalHFA MORTGAGE INSURANCE SERVICES 1415 'L' STREET • 5<sup>th</sup> FLOOR • SACRAMENTO • CA • 95814 (916) 322-8936 • FAX (916) 322-8697

## APPLICATION FOR MORTGAGE INSURANCE Please Complete ALL Sections of this Form

LENDER NAME		BORROWER NAME(s):	
City State UNDERWRITER NAME	Zip	PROPERTY ADDRESS:	
PHONE NUMBER ()		-	·····
			CA
FAX NUMBER ()		City	Zip
Lender Loan No. 1 <sup>st</sup>	2 <sup>nd</sup>		
LTV/CLTV/ Appraised Valu	ue \$ Sale	es Price \$	Gifts \$
Down Payment Assistance: \$		sing Cost Assistance \$	<b>5</b>
□ CHAP □ OTHER SOURCE		□ CHDAP □ OTHER SOURCE	
Check Applicable Loan Program			
□ CalHFA □ Monthly Premium	□ CalSTRS 80/17 □ CalSTRS 95/5 zero 0 □ CalSTRS Convention	down	□ Emerging Markets □ Flagstar
□ NHF ACCESS	□ CalPERS 97		
□ NHF Cal JUMBO	□ CalPERS 97 w/ SSLP*		
□ Single Premium		M 07	
□ Monthly Premium	<ul><li>□ Fannie Mae/Freddie</li><li>□ Fannie Mae/Freddie</li></ul>		
⊓ Freddie Mac 100	□ Faiiiile Wae/Fieuule	WIAC 97 W/ SSLP	
□ Freddie Mac 100 w/ SSLP*	□ Lease Purchase (97/3) w/ SSLP*		
(LA county safety officers only)	□ Lease Purchase (100)		
* SSLP = Silent Second Loan Program	□ Other		<u> </u>
LEGAL STATEMENT  Lender acknowledges that this application and documents submitted to the CalHFA Mortgage Insurance Services Division relative to the loan identified above are submitted for the purpose of inducing the CalHFA Mortgage Insurance Services Division to issue a commitment and certificate insuring this loan. Lender represents and/or warrants the correctness and completeness of all statements and information contained in such documents and agrees and acknowledges that if a commitment and certificate is issued by the CalHFA Mortgage Insurance Services Division for this loan, such commitment and certificate will be issued in reliance upon such representations and warranties.			
Signature of lender's authorized representative:			
	(	)	
Signature Date	 T	elephone Number	
Print name	(		

MI Services application for MI (4/04)

(For additional copies of this form, go to www.calhfa.ca.gov)